

Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1	. Name of Facility Bacon Residence	
2.	Facility Address 122 Zachary Lane Middletown DE19709	
	Is the facility located within the PJM control area? If No, does the Facility have import capabilities¹? Yes	□ No
3.	Name of Owner Bran J. Bacon	
	Mailing Address 122 Zaehary Lane Middletown DE 19709	
	Phone (30a) 753-6913 Fax	
	Email bbacon 1009 @ veryon, net	
4.	Name of Operator	
	Mailing Address	
	- 1500 OW	
	Phone Fax	
	Email	70000

¹ Documentation will be required to substantiate import capabilities into PJM

5.	Name of Contact Person Buan Bacon		
	Mailing Address		
	122 Zachary Lane		
	- Middletown DE 19709		
	Phone (3a) 753 - 6913 Fax		
	Email bbacon1009@ veryon. net		
6.	Name of REC/SREC Owner		
	Mailing Address		
	Barrie		
	PhoneFax		
	Email		
7.	List all PJM-EIS GATS State Certification Numbers assigned to this facility:		
8.	Operational Characteristics:		
	Fuel Types Used (check all that apply):		
	☐ Gas combustion from the anaerobic digestion of organic material		
	☐ Geothermal		
I	Ocean, wave or tidal actions, currents, or thermal differences		
	☐ Qualified Biomass ⁱ		
	☐ Qualified Fuel Cells ⁱⁱ		
	☐ Qualified Hydroelectric ⁱⁱⁱ		
	Qualified Methane Gas captured from a landfill gas recovery systemiv		

Solar		
□ Wind		
If co-firing, provide the formula on file with PJM Environmental Information		
Services, Inc. (PJM-EIS)		
Rated Capacity (in megawatts - DC)		
If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.		
Facility Final Approved Interconnection Date		
If co-firing with fossil fuels, co-fire start date		
If co-firing with fossil fuels, attach the allocation formula on file with PJM.		
Is the Applicant's facility customer-sited generation ? ✓ Yes □ No		
Is the Applicant's facility a community owned generating facility ^{vi} ? ☐ Yes ☐ No		
Can the output from the customer-sited generation be appropriately metered? Yes No		

9.

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?
☐ Yes* ☐ No
Advanced Solan Heating + Cooling Milliam Fulliable Company Name of Installer of MD Signature of Company Representative 307 N. Bridge St #216 Address Elkfor MD 21921 Address
 *If Yes, please attach the following documentation: A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used
11. If the Applicant's installation is solar or wind sited in Delaware:
 a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents? ☐ Yes*
b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?
□ Yes* □ No
Advanced Solar Heating + Cooling William & Statutage Company Name of Installer of mD Signature of Company Representative
307 N. Bridge & #216 William H. Fidaback
Address Print Name of Company Representative Address

^{*}If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.

I, William HTIdaback (print name) hereby certify under penalty of perjury that

- 1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.
- 2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.
- 3. I/my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.
- 4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.
- 5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature:	William of tracted	
Date:		

Required Documentation:

If the facility is customer-sited generation, attach a copy of the utility's Final Approved Interconnection Agreement

 One copy of U.S. Department of Energy, Energy Information Administration Form EIA-860, if rated capacity is >1.0 MW

- Increased production of landfill gas from production facilities in operation prior to January 1, 2004 demonstrates a net reduction in total air emissions compared to flaring and leakage;
- 2. Increased utilization of landfill gas at electric generating facilities in operation prior to January 1, 2004 (i) is used to offset the consumption of coal, oil, or natural gas at those facilities, (ii) does not result in a reduction in the percentage of landfill gas in the facility's average annual fuel mix when calculated using fuel mix measurements for 12 out of any continuous 15 month period during which the electricity is generated, and (iii) causes no net increase in air emissions from the facility; and
- Facilities installed on or after January 1, 2004 meet or exceed 2004 Federal
 and State air emission standards, or the Federal and State air emission
 standards in place on the day the facilities are first put into operation,
 whichever is higher.

[&]quot;Qualified Biomass" means electricity generated from the combustion of biomass that has been cultivated in a sustainable manner as determined by Delaware Department of Natural Resources and Environmental Control (DNREC), and is not combusted to produce energy in a waste to energy facility or in an incinerator.

[&]quot;"
"Qualified Fuel Cells" means electricity generated by a fuel cell powered by Renewable Fuels, as that term is defined in Section 1.0 of the Rules and Procedures to Implement the Renewable Energy Portfolio Standard, Delaware Public Service Commission Regulation Docket No. 56.

[&]quot;Qualified Hydroelectric" means electricity generated by a hydroelectric facility that has a maximum design capacity of 30 megawatts or less from all generating units combined that meet appropriate environmental standards as determined by DNREC.

[&]quot;Qualified Methane Gas" means electricity generated by the combustion of methane gas captured from a landfill gas recovery system; provided, however, that:

[&]quot;Customer-sited Generation" means a generating unit that is interconnected on the end use customer's side of the retail electricity meter in such a manner that it displaces all or part of the metered consumption of the end-use customer.

vi "Community-owned Energy Generating Facility" means a renewable energy generating facility that has multiple owners or customers who share the output of the generator, which may be located either as a stand-alone facility or behind the meter of a participating owner or customer. The facility shall be interconnected to the distribution system and operated in parallel with an electric distribution company's transmission and distribution facilities.

Documentation Required for Delaware Labor/Workforce Bonus

- 11. If the Applicant's installation is solar or wind sited in Delaware:
 - a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
	City, State only

Total Delaware Resident Employees:	Total Number of Employees:
% of Delaware Residents (Delaware Residents Divided by To	otal Employees):

Documentation Required for Delaware Labor/Workforce Bonus

- 11. If the Applicant's installation is solar or wind sited in Delaware:
 - b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

If you answered yes to "b." above, complete the following as evidence:

Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date: _____ Project Complete Date: _____

Employee Full Name	Home Address City, State Only (As per Tax Withholding)	Social Security Number (Last 2 digits Only)
		7

Total Delaware Resident Employees:	Total Number of Employees:
% of Delaware Residents (Delaware Residents Divided by To	tal Employees):



PART 2

DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection (Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW) (Final Agreement – must be completed after installation and prior to interconnection)

Certificate of Completion¹¹

INTERCONNECTION CUSTOMER	CONTACT INFORMATION
Customer Name: Brian J Bacon	
Mailing Address: 122 Zachary LN	
City: Middletown	State: DE Zip Code: 19709
Telephone (Daytime): (302) 753-6913	(Evening):
Fax Number:	E-Mail Address: bbacon1009@verizon.net
FACILITY INFORMATION	
Facility Address: 122 Zachary LN	
City: MIDDLETOWN	State: DE Zip Code: 19709
DDI Account # 55008830033	Meter #: 1ND357811872
	Prime Mover: Photovoltaics
Inverter Type: Forced Commutated	Line Commutated
Number of Inverters: 1	
Inverter Manufacturer: Solaredge	Model Number(s) of Inverter: SE10000A-US
AC Inverte	rator Total ¹² Nameplate Rating:
Generator (or PV Panel) Manufacturer	, Model # ¹⁵ : Hyundai S280RG
1 Information entered here on Cortificate of Com	aldia (D. 10)

Information entered here on Certificate of Completion (Part 2) must match part 1
Sum of all generators or PV Panels
Sum of all inverters
This will be your system design capacity based upon your unique system variables.
If more than one type, please list all manufactures and model numbers.

EQUIPMENT INS	TALLATION CONTRAC	TOR Owner (Customer) Installed: Yes	
Contractor Name:	Advanced Solar Heating and Coo	oling of MD	
Mailing Address:	307 N Bridge ST		
City: Elkton		State: MD Zip Code: 21921	
Telephone (Dayti	me): <u>(302)</u> 731-1000	(Evening):	
Fax Number:		E-Mail Address: butchtidaback@gmail.com	
FINAL ELECTRIC	C INSPECTION AND IN	TERCONNECTION CUSTOMER SIGNATURE	
The Small Generator Facility is complete and has been approved by the local electric inspector naving jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.			
Signed:	2 2	n customer) Date 1 · 12 · 17	
Printed Name:	Bran I L	Basin	
Check if copy of signed electric inspection form is attached			
ACCEPTANCE A	AND FINAL APPROVAL	FOR INTERCONNECTION (for EDC use only)	
interconnected or	peration upon the signing	ed and the Small Generator Facility is approved for and return of this Certificate of Completion by EDC:	
Electric Distribution	on Company waives Witre of successful Witness	ness Test? (Initial) Yes (LH No () Test: Passed: (Initial) ()	
EDC Signature: _	Lakiela Herio 20	17.01.30 11:35:14-05'00' Date: 01/30/2017	
Printed Name:	Lakeisha Harris	Title: Acct Rep	